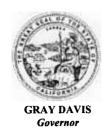
## DIANA M. BONTÁ, R.N., DR P.H. Director

## State of California Department of Health Services



June 24, 2002

CHDP Program Letter No.: 02-06

ALL COUNTY CHILD HEALTH AND DISABILITY PREVENTION (CHDP) TO:

DIRECTORS, DEPUTY DIRECTORS, STATE CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE STAFF

INVOICES FOR THE HEALTH CARE PROGRAM FOR CHILDREN IN SUBJECT:

**FOSTER CARE** 

The purpose of this CHDP Program Letter is to remind local programs, participating in the Health Care Program for Children in Foster Care (HCPCFC), to submit completed quarterly invoices for the HCPCFC within 60 days after the end of each quarter. The CMS Plan and Fiscal Guidelines, Section 8, page 236, Item IX provides instruction on quarterly administrative expenditure invoices.

For this current fiscal year all first, second, and third quarter invoices for the HCPCFC are due at this time. The fourth quarter invoice is due by October 31, 2002.

## ADDRESS FOR HCPCFC QUARTERLY INVOICES:

Children's Medical Services Branch Administration Unit 1515 K Street. Suite 400 P.O. Box 942732 Sacramento, CA 94234-7320

ATTENTION: Fiscal Unit

If you have any questions or need additional information, please contact your Regional Office Administrative Consultant. Thank you in advance for your cooperation.

Sincerely, I wie bregory mo

Maridee A. Gregory, M.D., Chief Children's Medical Services Branch



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